

RECEIVED

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GROUP 350

POSITION	ID NO.	DATE
CLASSIFIER		4/19/94
EXAMINER	99	4/19/94
TYPIST	21	4/12/94
VERIFIER	105	4/12/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
1	4/22/94
2	4/21/94
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13	4/21/94
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20	4/21/94
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through numbers) Cancelled
+	Restricted
N	Selected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
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